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CENTRAL FAX CENTER****OCT 28 2005****DATE:** October 28, 2005**TO:** Examiner POPE, Daryl C  
USPTO GPAU 2632**FAX NO.:** 571-273-8300**FROM:** John R. Schell / *ms*  
Reg. No. 50,776**RE:** *REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND  
CHANGE OF CORRESPONDENCE ADDRESS***U.S. APP NO.:** 10/823,172**FILING DATE:** 04/13/2004**APPLICANT(S):** Michael Primm et al.**ATTY DKT NO.:** 1017-0038-US**TITLE:** EXTENSIBLE SENSOR MONITORING, ALERT PROCESSING  
AND NOTIFICATION SYSTEM AND METHOD**NO. OF PAGES (INCL. COVER SHEET):** 3**MESSAGE:**

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 pg.)

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PTO/SB/21 (09-04)

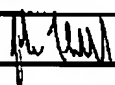
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/823,172	
	Filing Date	04/13/2004 <b>RECEIVED</b>	
	First Named Inventor	Michael Primm <b>CENTRAL FAX CENTER</b>	
	Art Unit	2632	
	Examiner Name	POPE, Daryl C. <b>OCT 28 2005</b>	
Total Number of Pages In This Submission	2	Attorney Docket Number	1017-0038

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address</b>
Remarks <b>Customer No. 34456</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	John R. Schell 10.27.05		
Date		Reg. No.	50,776

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Laura H. Andre	Date	10/28/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (09-04)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/823,172
Filing Date	04/13/2004
First Named Inventor	Michael Primm
Art Unit	2632
Examiner Name	POPE, Daryl C.
Attorney Docket Number	1017-0038

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**CENTRAL FAX CENTER**

OCT 28 2005

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **34456**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

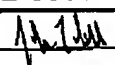
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1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.			
Address	One Financial Center			
City	Boston	State	MA	Zip 02111
Country	United States			
Telephone	(617) 542-6000		Fax	(617) 542-2241
Signature				
Name	John R. Schell	Registration No.	50,776	
Date	10-21-05	Telephone No.	(512) 327-5515	

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